

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 913791	RECEIPT DATE:	08 / 16 / 01
IA NUMBER:	PCT/ JP00 / 08980	IA FILING DATE:	12 / 18 / 00
FAMILY NAME:	KENMOCHI	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	NOBUHIKO	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 16 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	110215	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: JAMES A. OLIFF
OLIFF & BERRIDGE
STREET: P.O. BOX 19928

CITY: ALEXANDRIA
STATE/COUNTRY: VA ZIP: 22320
EMAIL:

APPLICATION TITLES:

NONRECURSIVE DIGITAL FILTER AND RADIO RECEIVING UNIT USING THE SAME

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4112

SERIAL NUMBER 09/913,791	FILING DATE 08/16/2001 RULE	CLASS 455	GROUP ART UNIT 2682	ATTORNEY DOCKET NO. 110215	
APPLICANTS Nobuhiko Kenmochi, Nagano-ken, JAPAN; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/JP00/08980 12/18/2000 ** FOREIGN APPLICATIONS ***** JAPAN 11-357951 12/16/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY JAPAN	SHEETS DRAWING 5	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 3
ADDRESS Oliff & Berridge PO Box 19928 Alexandria, VA 22320 <div style="text-align: right; font-size: 2em; margin-top: 10px;"># 25944</div>					
TITLE Noncyclic digital filter and radio reception apparatus comprising the filter					
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		